

<p><i>Effective on 12/08/2004.</i>  <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<p><i>Complete if Known</i></p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/552,547
		Filing Date	7/20/2006
		First Named Inventor	Martijn Schimmer
		Examiner Name	Jack K. Wang
		Art Unit	2612
TOTAL AMOUNT OF PAYMENT		(\$)	960
		Attorney Docket	3135 - 053022

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☒ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account 
 Deposit Account Number: 23-0650 
 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

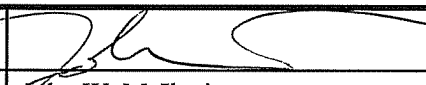
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): RCE-\$405 and 3-Month Petition for Extension of Time-\$555	\$960

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	34219	Telephone	412-471-8815
Name (Print/Type)	John W. McIlvaine			Date	January 7, 2009